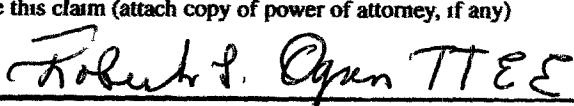


EXHIBIT C

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY		Case Number <u>06-10725-LBR</u>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>RICHARD M RAKER, TRUSTEE OF THE RICHARD M RAKER LIVING TRUST dated 3-18-98</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <u>RICHARD M RAKER 982 SHORELINE DRIVE SAN MATEO - CALIF 94404</u> Telephone number <u>(650) 377-0760</u>		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		Check here <input checked="" type="checkbox"/> replaces <input checked="" type="checkbox"/> amends a previously filed claim dated <u>USA Capital</u>	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>See EXHIBIT A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred <u>REPEATEDLY NOV 2005</u>		3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 262,420.15			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)	
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority		Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>262,420.15</u>	
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
5 Total Amount of Claim at Time Case Filed		<u>\$ 262,420.15</u> <u>262,420.15</u> <u>262,420.15</u> (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		FILED JAN 12 2007	
Date <u>1/8/07</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>RICHARD RAKER</u> <u>C. Raker, Trustee</u>		

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor	USA Commercial Mortgage Company	Case Number	06-10725-LBR
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Robert L. Ogren, Trustee of the Robert L. Ogren Trust dated 6/30/92 (Acct#2)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent Robert L. Ogren 3768 Rick Stratton Drive Las Vegas, NV 89120 Telephone number (702)369-6554	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor 1901	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____		
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes See Exhibit A <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred 11/18/05	3. If court judgment, date obtained.		
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
Unsecured Nonpriority Claim \$ 162,245.56			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority			
Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
<i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>			
5. Total Amount of Claim at Time Case Filed- \$ 162,245.56 162,245.56 162,245.56 (unsecured) (secured) (priority) (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim			
Date 01/08/2007	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 		
			FILED JAN 10 2007
			USA CMC
			 1072502001

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	Schedule/Claim ID s32411 Amount/Classification \$200 10 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address ROBERT R RODRIGUEZ 2809 EASY ST PLACERVILLE CA 95667 3906		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number ()		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5)		<input type="checkbox"/> Up to \$2 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) (_____ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$		\$ 329,977.39	\$ 329,977.39
AT TIME CASE FILED		(unsecured)	(secured)
		(priority)	(Total)
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911		BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
DATE <i>Jan 9, 2007</i>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571			
		<i>FILED JAN 11 2007</i> USA CMC 1072502071	

PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

[REDACTED] 11321242038359
 ROMONOSKI MAURY
 4429 PEACEFUL MORNING LN
 LAS VEGAS NV 89129

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

IF YOU ARE ONLY OWE MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ()

Last four digits of account or other number by which creditor identifies debtor

4329 3653 4320 7707

Check here replaces
 if this claim or
 amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
- Services performed Taxes
- Money loaned Other (describe briefly)
SEE ATTACHED

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Unremitted principal

Wages, salaries, and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

(date)

(date)

2 DATE DEBT WAS INCURRED *FEB 9, 2005*

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
 See reverse side for important explanationsUNSECURED NONPRIORITY CLAIM \$ *175,000*

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

SECURED CLAIM

- Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ *UNKNOWN*

Amount of arrearage and other charges at time case filed included in secured claim if any \$ *175,000*

Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM

AT TIME CASE FILED

\$ *175,000* \$ *175,000* \$ *175,000* \$ *175,000*

(unsecured)

(secured)

(priority)

(Total)

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO
 BMC Group

Attn USACM Claims Docketing Center
 P O Box 911
 El Segundo CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO
 BMC Group

Attn USACM Claims Docketing Center
 1330 East Franklin Avenue
 El Segundo, CA 90245

THIS SPACE FOR COURT
 USE ONLY
FILED JAN 13 2007

USA CMC



1072502331

DATE

1-11-07

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Maury Romonoski

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	Schedule/Claim ID s32478	Amount/Classification	\$1 360 66 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court			
Name of Creditor and Address THE RUBY M HILL FAMILY TRUST DATED DECEMBER 12 1992 C/O RUBY M HILL TRUSTEE 877 E MARCH LN APT 377 STOCKTON CA 95207 5880		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again			
Creditor Telephone Number (209) 952-9069		THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor # 6673	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or amends a previously filed claim dated _____				
1 BASIS FOR CLAIM	<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)				
2 DATE DEBT WAS INCURRED 2005/06	3 IF COURT JUDGMENT, DATE OBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations					
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority					
SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____					
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10 000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)					
<input type="checkbox"/> Up to \$2 225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <i>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>					
5 TOTAL AMOUNT OF CLAIM \$ 1361.00 \$ 2644.00 \$ 4005.00					
AT TIME CASE FILED (unsecured) (secured) (priority) (Total)					
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911				THIS SPACE FOR COURT USE ONLY <i>Filed Date 9/29/2006</i>	
DATE 09-28-06	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Ruby M. Hill, Trustee</i>				
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571					
 USA CMC 1072500302					

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Alan R Simmons & Judith B Simmons husband & wife as joint tenants with right of survivorship		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and address where notices should be sent ALAN R SIMMONS & JUDITH B SIMMONS PO BOX 13296 SOUTH LAKE TAHOE CA 96151-3296		THIS SPACE IS FOR COURT USE ONLY	
Telephone number			
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____	
1 Basis for Claim <ul style="list-style-type: none"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A <ul style="list-style-type: none"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 Date debt was incurred December 2002		3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations			
Unsecured Nonpriority Claim \$ 593,144.11			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim <ul style="list-style-type: none"> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____			
Specify the priority of the claim			
<ul style="list-style-type: none"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) 			
<ul style="list-style-type: none"> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <p>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>			
5 Total Amount of Claim at Time Case Filed		\$ 593,144.11 <input type="checkbox"/> 593,144.11 <input type="checkbox"/> 593,144.11 (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		FILED JAN 12 2007	
8 Date Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date 01/11/07	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Alan R. Simmons		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571



1072502175

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR
--	------------------------------------

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address



11321242039013

STRICKER, LESLEY
4 STANLEY STREET
PLEASANTVILLE NY 10570

Creditor Telephone Number () 914-769-7767

Last four digits of account or other number by which creditor identifies debtor

Client ID 1390 Account ID 1137

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

Check here replaces _____
if this claim or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly) _____

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

Unremitted principal and interest

Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED various—see attached

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

- Check this box if your claim is secured by collateral (including a right of setoff). See Attached Rider
Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ Unknown

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Unliquidated

UNSECURED PRIORITY CLAIM

- Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ 206,760.87 \$ \$ 206,760.87
AT TIME CASE FILED (unsecured) (secured) (priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO
BMC Group
Attn: USACM Claims Docketing Center
P.O. Box 911
El Segundo, CA 90245-0911

THIS SPACE FOR COURT USE ONLY

FILED JAN 10 2007

BY HAND OR OVERNIGHT DELIVERY TO
BMC Group
Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245

DATE SIGN and print the name and title, if any, of the creditor or other person authorized to file
this claim (attach copy of power of attorney if any)

11/9/06

Lesley Stricker, Creditor

USA CMC



1072501958

ORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____		DISTRICT OF Nevada	PROOF OF CLAIM				
Name of Debtor	USA Commercial Mortgage Company	Case Number 06-10725-LBR					
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>							
Name of Creditor (The person or other entity to whom the debtor owes money or property) T-2 Enterprises LLC Manager Warren W Tripp	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court						
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks, NV 89431 Telephone number (775) 355-7552	THIS SPACE IS FOR COURT USE ONLY						
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> amends a previously filed claim dated _____						
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)						
2 Date debt was incurred August 2004	3 If court judgment, date obtained						
<p>4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <p>Unsecured Nonpriority Claim \$ 405,856.76</p> <p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or b) securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority</p> <p>Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</p>				<p>Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ Unknown</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 5,856.76</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p> <p>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>			
5 Total Amount of Claim at Time Case Filed	\$ 405,856.76	(unsecured)	405,856.76	(secured)	405,856.76	(priority)	(Total)
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>				THIS SPACE IS FOR COURT USE ONLY			
<p>6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p> <p>7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p> <p>8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim</p>				FILED JAN 11 2007			
Date	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)						
1-10-07	Warren W Tripp						
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 286.				USA CMC  1072502106			

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____		DISTRICT OF Nevada	PROOF OF CLAIM					
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR						
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>								
Name of Creditor (The person or other entity to whom the debtor owes money or property) T-3 Enterprises LLC Manager Warren W Tripp	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court							
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks NV 89431 Telephone number (775) 355-7552	THIS SPACE IS FOR COURT USE ONLY							
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____							
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)							
2 Date debt was incurred FEB 2005	3 If court judgment, date obtained							
<p>4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <p>Unsecured Nonpriority Claim \$ 304,220.38</p> <p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority</p>								
<p>Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)</p>	<p>Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ Unknown</p> <p>Amount of arrearage and other charges at time case filed included in secured claim if any \$ 4,220.38</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p> <p>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>							
5 Total Amount of Claim at Time Case Filed	\$ 304,220.38	(unsecured)	304,220.38	(secured)	304,220.38	(priority)	304,220.38	(Total)
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>								
<p>6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>				THIS SPACE IS FOR COURT USE ONLY				
<p>7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p>								
<p>8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim</p>				FILED JAN 11 2007				
Date 1-10-07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)							
								

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and

USA CMC



1072502107

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor	USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Ronda L Threlfall	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent Ronda L Threlfall 9915 Saddleback Drive Lakeside, CA 92040 Telephone number (619) 401-1337	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____		
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (See Exhibit "A")	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred March 2004	3. If court judgment, date obtained		
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations Unsecured Nonpriority Claim \$ 202,806.94			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____	Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>Unknown</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>2,806.94</u>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
<i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>			
5 Total Amount of Claim at Time Case Filed	\$ 202,806.94	202,806.94	\$ 202,806.94
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date 1/08/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Ronda L Threlfall		
THIS SPACE IS FOR COURT USE ONLY FILED JAN 12 2007			
USA CMC  1072502211			